Offshore Subcontracting Attestation

Name of Entity Completing Attestation: **Tax ID Number:**	
Please enter your name, your title and the date that you completed this attestation:	
Name: **Title:** **Date:**	

Do You Utilize Offshore Subcontractors?*	
Do you utilize offshore subcontractors? The Centers for Medicare and Medicaid Services (CMS) defines an offshore subcontractor as follows: The term "subcontractor" refers to any organization that a Medicare Advantage Organization or Part D sponsor contracts with to fulfill or help fulfill requirements in their Part C and/or Part D contracts. Subcontractors include all first-tier, downstream and/or related entities. The term "offshore" refers to any country that is not one of the fifty United States or one of the United States territories (American Samoa, Guam, Northern Marianas, Puerto Rico, and Virgin Islands). Examples of countries that meet the definition of "offshore" include Mexico, Canada, India, Germany, and Japan. Subcontractors that are considered offshore can be either American-owned companies with certain portions of their operations performed outside of the United States or foreign-owned companies with their operations performed outside of the United States. Offshore subcontractors provide services that are performed by workers located in offshore countries, regardless of whether the workers are employees of American or foreign companies.	**Yes** **No**
Do you engage in offshore subcontracting that involves processing, handling or accessing protected health information (PHI)? If "no," the survey is complete and you do not need to complete or submit the attestation. If "yes," continue completing the form and provide a copy via mail or email to: Care N' Care Insurance Company, Inc. Compliance Department 1701 River Run, Suite 402 Fort Worth, TX 76107 Email: CNCCompliance@cnchealthplan.com This form must be completed in full for each new offshore subcontractor, and sent to Care N' Care within 20 calendar days from the date the contract is signed with the offshore subcontractor at the address or the email address provided above.	**Yes** **No**

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Part I. Offshore Subcontractor Information	
Offshore Subcontractor Name:	
Offshore Subcontractor Country:	
Offshore Subcontractor Address:	
Describe Offshore Subcontractor Functions:	
State Proposed or Actual Effective Date for Offshore Subcontractor: (Month, Date, Year: Example January 15, 2015)	

Part II. Precautions for Protected Health Information (PHI)	
Describe the PHI that will be provided to the Offshore Subcontractor:	
Discuss why providing PHI is necessary to accomplish the Offshore Subcontractor objectives:	
Describe alternatives considered to avoid providing PHI, and why each alternative was rejected:	

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Part I. Attestation of Safeguards to Protect Beneficiary Information in the Offshore Subcontract		
Item	**Attestation**	**Response Yes or No**
I.1.	Offshore subcontracting arrangement has policies and procedures in place to ensure that Medicare beneficiary protected health information (PHI) and other personal information remains secure.	
I.2.	Offshore subcontracting arrangement prohibits subcontractor's access to Medicare data not associated with the sponsor's contract with the offshore subcontractor.	
I.3.	Offshore subcontracting arrangement has policies and procedures in place that allow for immediate termination of the subcontract upon discovery of a significant security breach.	
I.4.	Offshore subcontracting arrangement includes all required Medicare Part C and D language (e.g., record retention requirements, compliance with all Medicare Part C and D requirements, etc.)	

Part II. Attestation of Audit Requirements to Ensure Protection of PHI		
Item	**Attestation**	**Response Yes or No**
II.1.	Organization will conduct an annual audit of the offshore subcontractor.	
II.2.	Audit results will be used by the Organization to evaluate the continuation of its relationship with the offshore subcontractor.	
II.3.	Organization agrees to share offshore subcontractors audit results with CMS upon request.	